IOWA MEDICAID - OCE EDIT - APC GROUPER 17.2 VERSION		
Edit Number and Description	**Medicare Claim Disposition**	**Medicaid Claim Disposition**
1. Invalid diagnosis code	Claim returned to provider	Claim denial
2. Diagnosis and age conflict	Claim returned to provider	Claim denial
3. Diagnosis and sex conflict	Claim returned to provider	Claim denial
4. Medicare secondary payer alert (V1.0 and V1.1)	Claim suspension	Claim denial
5. E-code as reason for visit/principal diagnosis	Claim returned to provider	Claim denial
6. Invalid procedure code	Claim returned to provider	Claim denial
7. Procedure and age conflict (Not activated)	Not activated by CMS	Not activated by CMS
8. Procedure and sex conflict	Claim returned to provider	Claim denial
9. Non-covered service under Medicare	Line item denial	Line item denial
10. Service submitted for verification of denial (condition code 21)	Claim denial	Claim denial
11. Service submitted for FI review (condition code 20)	Claim suspension	No OCE edits posts
12. Questionable covered service	Claim suspension	No OCE edits posts
13. Separate payment for services not provided by Medicare (V1.0-V6.3)	Line item rejection	Line item denial
14. Code indicates a site of service not included in OPPS (V1.0-V6.3)	Claim returned to provider	Claim denial
15. Service unit out of range for procedure (Disabled-V9.2)	Claim returned to provider	Claim denial
16. Multiple bilateral procedures without modifier 50 (V1.0-V6.2)	Claim returned to provider	Claim denial
17. Inappropriate specification of bilateral procedure	Claim returned to provider	Claim denial
18. Inpatient procedure	Line item denial	Line item denial
19. Mutually exclusive procedure that is not allowed by NCCI even if appropriate modifier is present (Deleted-V13.2)	Line item rejection	Line item denial
20. Component of a comprehensive procedure that is not allowed by NCCI even if appropriate modifier is present	Line item rejection	Line item denial
21. Medical visit on same day as type T or S procedure without modifier 25	Line item rejection	Claim denial
22. Invalid modifier	Claim returned to provider	Claim denial
23. Invalid date	Claim returned to provider	Claim denial
24. Date out of OCE range	Claim suspension	No OCE edits posts
25. Invalid age	Claim returned to provider	Claim denial
26. Invalid sex	Claim returned to provider	Claim denial
27. Only incidental services reported	Claim rejected	Claim denial
28. Code not recognized by Medicare; alternate code for same service may be available	Line item rejection	Line item denial
29. Partial hospitalization service for non-mental health diagnosis	Claim returned to provider	Claim denial
30. Insufficient services on day of partial hospitalization	Claim suspension	No OCE edits posts
31. Partial hospitalization on same day as ECT or type T procedure (V1.0-V6.3)	Claim suspension	No OCE edits posts
32. Partial hospitalization claim spans 3 days or less with insufficient services, or ECT or significant procedure on at least one of the days (V1.0-V9.3)	Claim suspension	No OCE edits posts

Edit Number and Description	Medicare Claim Disposition	Medicaid Claim Disposition
33. Partial hospitalization claim spans more than 3 days with insufficient number of days having mental health services (V1.0-V9.3)	Claim suspension	No OCE edits posts
34. Partial hospitalization claim spans more than 3 days with insufficient number of days meeting partial hospitalization criteria (V1.0-V9.3)	Claim suspension	No OCE edits posts
35. Only mental health education and training services provided	Claim returned to provider	Claim denial
36. Extensive mental health services provided on day of ECT or significant procedure (V1.0-V6.3)	Claim suspension	No OCE edits posts
37. Terminated bilateral procedure or terminated procedure with units greater than one	Claim returned to provider	Claim denial
38. Inconsistency between implanted device and implantation procedure	Claim returned to provider	Claim denial
39. Mutually exclusive procedure that would be allowed by NCCI if appropriate modifier were present (Deleted-V13.2)	Line item rejection	Line item denial
40. Code 2 of a code pair that would be allowed b NCCI if appropriate modifier were present	Line item rejection	Line item denial
41. Invalid revenue code	Claim returned to provider	Claim denial
42. Multiple medical visits on same day with same revenue code without condition code G0	Claim returned to provider	Claim denial
43. Transfusion of blood product exchange without specification of blood pr	Claim returned to provider	Claim denial
44. Observation revenue code on line item with non-observation HCPCS co	Claim returned to provider	Claim denial
45. Inpatient separate procedures not paid	Line item rejection	Line item denial
46. Partial hospitalization condition code 41 not approved for type of bill	Claim returned to provider	Claim denial
47. Service is not separately payable	Line item rejection	Line item denial
48. Revenue center requires HCPCS	Claim returned to provider	Claim denial
49. Service on same day as inpatient procedure	Line item denial	Line item denial
50. Non-covered based on statutory exclusion	Line item rejection	Claim denial
51. Multiple observations overlap in time (not activated)	Not activated by CMS	Not activated by CMS
52. Observation does not meet minimum hours, qualifying diagnosis and/or "T" procedure conditions (V3.0-V6.3)	Claim returned to provider	Claim denial
53. Observation G codes only allowed with bill type 13x or 85x	Line item rejection	Line item denial
54. Multiple codes for the same service	Claim returned to provider	Claim denial
55. Non-reportable for site of service	Claim returned to provider	Claim denial
56. E/M or ancillary procedure conditions are not met and line item dates for obs code G0244 is not 12/31 or 1/1 (Active V4.0-V6.3)	Claim returned to provider	Claim denial
57. E/M or ancillary procedure conditions are not met and line item dates for obs code G0244 is 12/31 or 1/1	Claim suspension	Claim suspension
58. G0263 only allowed with payable G0244	Claim returned to provider	Claim denial
59. Clinical trial requires V70.7 as other than primary diagnosis (Deleted-V	Claim returned to provider	Claim denial
60. Use of modifier CA with more than one procedure not allowed	Claim returned to provider	Claim denial
61. Service can only be billed to DMERC	Claim returned to provider	Claim denial

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62. Code not recognized by OPPS; alternative code for same service may be available	Claim returned to provider	Claim denial
63. This OT code only billed on partial hospitalization claims (V1.0-V13.3)	Claim returned to provider	Claim denial
64. AT service not payable outside the partial hospitalization program (V1.0-V13.3)	Line item rejection	Line item denial
65. Revenue code not recognized by Medicare	Line item rejection	Line item denial
66. Code requires manual pricing	Claim suspension	No OCE edits post
67. Service provided prior to FDA approval	Line item rejection	Line item denial
68. Service provided prior to date of National Coverage Determination (NDC) approval	Line item rejection	Line item denial
69. Service provided outside approval period	Line item rejection	Line item denial
70. CA modifier requires patient status code 20	Claim returned to provider	Claim denial
71. Claim lacks required device code (V6.1-V15.3)	Claim returned to provider	Claim denial
72. Service not billable to the Fiscal Intermediary	Claim returned to provider	Claim denial
73. Incorrect billing of blood and blood products	Claim returned to provider	Claim denial
74. Units greater than one for bilateral procedure billed with modifier 50	Claim returned to provider	Claim denial
75. Incorrect billing of modifier FB or FC (V8.0-V15.3)	Claim returned to provider	Claim denial
76. Trauma response critical care code without revenue code 068x and CP	Line item rejection	Line item denial
77. Claim lacks allowed procedure code (V8.1-V15.3)	Claim returned to provider	Claim denial
78. Claim lacks required radiolabeled product (V9.0-V14.3)	Claim returned to provider	Claim denial
79. Incorrect billing of revenue code with HCPCS code	Claim returned to provider	Claim denial
80. Mental health code not approved for partial hospitalization program	Claim returned to provider	Claim denial
81. Mental health service not payable outside the partial hospitalization pro	Claim returned to provider	Claim denial
82. Charge exceeds token charge ($1.01)	Claim returned to provider	Claim denial
83. Service provided on or after effective date of NCD non-coverage	Line item denial	Line item denial
84. Claim lacks required primary code	Claim returned to provider	Claim denial
85. Claim lacks required device code or required procedure code (V13.0-V	Claim returned to provider	Claim denial
86. Manifestation code not allowed as principal diagnosis	Claim returned to provider	Claim denial
87. Skin substitute application procedure without appropriate skin substitute product code	Claim returned to provider	Claim denial
88. FQHC payment code not reported for FQHC claim	Claim returned to provider	Claim denial
89. FQHC claim lacks required qualifying visit code	Claim returned to provider	Claim denial
90. Incorrect revenue code reported for FQHC payment code	Claim returned to provider	Claim denial
91. Item or service not covered under FQHC PPS or for RHC	Line item rejection	Line item denial
92. Device-dependent procedure reported without device code	Claim returned to provider	Claim denial
93. Corneal tissue processing reported without cornea transplant procedur	Line item rejection	Line item denial
94. Biosimilar HCPCS reported without biosimilar modifier	Claim returned to provider	Claim denial
95. Partial hospitalization claim span is equal to or more than 4 days with insufficient number of hours of service	Claim returned to provider	Claim denial

Edit Number and Description	Medicare Claim Disposition	Medicaid Claim Disposition
96. Partial hospitalization interim claim from and through dates must span more than 4 days	Claim returned to provider	Claim denial
97. Partial hospitalization services are required to be billed weekly	Claim returned to provider	Claim denial
98. Claims with pass-through device, drug or biological lacks required proc	Claim returned to provider	Claim denial